Midwives have a public health role in meeting the needs of disadvantaged women, including those trafficked into the UK.

How midwives can identify and support trafficked women

Public health aims to address the healthcare needs of the population by bringing together the elements that shape and influence the health of individuals and communities. It is impossible to separate physiological health from social, economic, psychological, environmental and cultural issues, which can potentially affect individuals’ health. Equally, it is impossible to divorce maternal and infant health from women’s overall wellbeing and life prospects.

Although maternity care is available to all women in the UK, inequality of access persists for groups such as women living in poverty, those experiencing domestic abuse, women who do not speak English, asylum seekers (McLeish, 2002) and an emerging group of vulnerable women who have been trafficked into this country.

Human trafficking

Human trafficking has been equated to modern-day slavery. There were around 2,077 potential victims of human trafficking in the UK and a total of 1,186 people were identified as victims in 2012; 66% of these were women and 33% were children (UK Human Trafficking Centre, 2012).

Individuals are trafficked for a wide range of purposes, including sexual exploitation, forced labour, domestic servitude, criminal activity and organ harvesting (Department of Health, 2013).

What can midwives do?

It is not easy to identify trafficked women as many do not present for antenatal care, or present late and are often accompanied by their traffickers. They may not even be aware that they have been trafficked and only come to the attention of healthcare staff if seriously ill or injured.

Every booking in pregnancy is an opportunity to explore a woman’s health status, living conditions and social circumstances and to include other agencies in her care; particular attention should be paid to women presenting late. The following tips based on new DH (2013) guidance can help to identify women or children who have been trafficked. Trafficked women often:

- Book very late in pregnancy and may present with sexually transmitted infections and long-term multiple physical injuries as a result of rape and abuse;
- Appear in a state of general physical neglect and may struggle to speak English;
- Give a vague and inconsistent explanation of where they live, their employment or schooling and vague medical history;
- Are not registered with a GP, and may have moved addresses frequently, or be unaware of where they live;
- Are accompanied by a person who appears controlling and insists on giving health information about the woman or child and is present at every visit with the health worker;
- Have old or serious untreated injuries, and are vague and reluctant to explain how the injuries occurred or to give a medical history;
- Present with sexual trauma, symptoms of psychological distress and in some cases evidence of self-harm; they may have unspecific symptoms, such as backache; they may have poor dental health and poor nutrition.

The best action midwives can take in these situations is to admit the woman for further assessment, in a safe place, until the issues are investigated and a care pathway developed. With all vulnerable women, it is important to gain trust and demonstrate commitment to providing midwifery care and social support, regardless of their circumstances.

Conclusion

Vulnerable pregnant women are usually in poorer health than the general population, with the potential for poor maternal and infant outcomes.

Interventions by midwives should therefore include effective risk and needs assessment and a clear focus on what is to be achieved. This would include a pathway for ensuring that women identified as vulnerable continue to receive midwifery care and that all relevant agencies are involved so that services are tailored to meet their needs. NT

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References

